



SPECIAL SERVICES PROGRAM



DDOT's NEW SPECIAL SERVICES PROGRAM

The Detroit Department of Transportation (DDOT) has restructured its Senior Citizens, Special Fares Disabled and ADA Paratransit (Detroit MetroLift) ridership programs into a combined; more efficiently managed Special Services Program. The restructured program allows DDOT to better evaluate the needs of all applicants, in order to ensure applicants are provided access to the transportation service that best meets their specific need.

DDOT's New Special Services Program is made up of (3)-three services: the Reduced Fares, Unconditional ADA Paratransit and Conditional ADA Paratransit Services. The following is a brief description of each:

- **Reduced Fares:** qualified Senior Citizens, Medicare Cardholders and Mobility Disabled Persons are permitted access to **only** DDOT's Fixed-Route Bus Service at a reduced fare of \$0.50. Eligible individuals **must** apply for and receive a Reduced Fares ID Pass Card, in order to ride at the reduced rate.
- **Unconditional ADA Paratransit:** permits qualified applicants that have been determined to be unable to effectively use the Fixed-Route Bus Service, exclusive access to DDOT's Curb-To-Curb Paratransit Service (Detroit MetroLift) at a fare of \$2.50 per trip.
- **Conditional ADA Paratransit:** permits applicants who are capable of using the Fixed-Route Bus Service under certain conditions, but who are unable to do so under others, access to both the Reduced Fares and Curb-To-Curb Paratransit Services. DDOT will review applicants and determine the conditions by which access will be permitted under either of the services. A reduced fare of \$0.50 will be required when accessing the Fixed-Route Service, and a fare amount of \$2.50 per trip will be required when accessing the Curb-To-Curb Paratransit Service.

**Clients must present a valid ID Pass Card in order to access the service
under the conditions and at the fare rates listed above**

For additional information regarding our Special Services Program or for assistance with completing this application, please contact us at • (313) 578-8266 (Voice) or (313) 834-3434 (TTY)

Thanks For Your Ridership!

REDUCED FARES ID PASS CARD APPLICATION

DDOT'S REDUCED FARES PROGRAM

WHO IS ELIGIBLE FOR THE REDUCED FARES ID PASS CARD?

All applicants meeting one or more of the following eligibility criteria:

Senior Citizens – those individuals who are age 65 or older.

Medicare Cardholders – those individuals who have been issued a Medicare Card under Titles II or XVIII of the Social Security Act (49 USC 401 et seq., 1395 et seq.).

Mobility Disabled Persons – those individuals who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services, as effectively as persons who are not so affected.

WHAT ARE THE REDUCED FARES ELIGIBILITY GUIDELINES?

Eligible Applicants – All transportation disabled persons with any incapacity or disability which results in that person's inability to perform one or more of the following functions without major difficulty:

- Negotiating a flight of stairs or escalator;
- Boarding or alighting from a standard bus or train;
- Standing in a moving bus or train.

Exclusions – All those whose sole incapacity or disability is one of the following:

- Any physical, mental or psychological disability or incapacity of less than (30) days.
- Pregnancy
- Obesity
- Impairment due to drugs or alcohol
- Controlled epilepsy.

HOW TO APPLY FOR A REDUCED FARES ID PASS CARD?

Applicants must select the eligibility criterion that best describes their disability, from Page 3, the "Application for Reduced Fares ID Pass Card" form. Once selected, follow the instructions provided for that category. Please ensure the application is completed in its entirety, before detaching DDOT's Half. Mail all required documentation: a **copy** of your valid Michigan State ID or Driver's License and the \$1.00 processing fee in cash or money order (made payable to DDOT) along with DDOT's Half of the application to the following address:

DDOT-Special Services • REDUCED FARES – Room 111 • 1301 East Warren Ave • Detroit • MI • 48207

**ONLY MAILED APPLICATIONS WILL BE ACCEPTED AND PROCESSED.
INCOMPLETE APPLICATIONS AND WALK-IN's ARE NOT ACCEPTED.**

WHAT IS THE CERTIFICATION PROCESS FOR THE REDUCED FARES ID PASS?

DDOT will review the completed application and, when applicable, will take into consideration the medical professional's written diagnosis before determining if the applicant meets the eligibility guidelines listed above. **Eligible Applicants** will receive their Eligibility Letter through the mail with instructions for obtaining their Reduced Fares ID Pass Card. **Ineligible Applicants** will receive, through the mail, an Ineligible Letter that will detail the reason for the decision.



DDOT – SPECIAL SERVICES
REDUCED FARES – Room: 111
1301 East. Warren Ave.
Detroit, MI 48207 • (313) 578-8266

DDOT USE ONLY

Date Stamped By: _____

Fee Collected: _____

APPLICATION FOR REDUCED FARES ID PASS CARD

Please review the information provided on page 2, and then select the eligibility criterion from below, that best describes your disability. Follow the instructions provided for that category to determine the requirements for completing and submitting the application.

• **CHECK ONLY (1) BOX** • PRINT ONLY IN **BLUE** OR **RED** INK • USE ORIGINAL FORM • NO PHOTOCOPIES

I am eligible for the Reduced Fares Program because... (CHECK ONE)

[] I am 65 years of age or older: **Instructions:** complete this page **AND** attach a copy of your State I.D. or Driver's License. Sign, date and return DDOT's half with \$1 fee.

[] I am a Medicare Cardholder: **Instructions:** complete this page **AND** attach a copy of your Medicare Card **AND** a copy of your State I.D. or Driver's License. Sign, date and return DDOT's half with \$1 fee.

[] I am a Mobility Disabled Person: **Instructions:** complete this page, before having a licensed medical professional complete **both** the "Professional Certification of Disability" section of this form **AND** provide a letter, on the licensed medical professional's letterhead, detailing your specific diagnosis and the extent of your disability. Attach the letter **AND** a copy of your State I.D. or Driver's License. Sign, date and return DDOT's half with \$1 fee.

APPLICANT'S INFORMATION

Valid ID #: _____ **Gender:** ☐ Male ☐ Female

Name:
First Middle Last

Address:
Street City State Zip

Telephone #: () **Date of Birth:** _____
(mm/dd/yyyy)

Applicant's Acknowledgement and Release of Information

I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Reduced Fares Program and may be subject to appropriate legal prosecution.

I hereby authorize the medical professional completing this application to release to DDOT any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I further understand that DDOT shall have the right and opportunity to contact the professional completing this form to obtain additional information about my disability and eligibility for the Reduced Fares Program.

Applicant's Signature: _____ **Date:** _____

****DDOT'S COPY****

PROFESSIONAL CERTIFICATION OF DISABILITY

The applicant is requesting that DDOT consider them for certification as a "Mobility Disabled Person" and provide them with a Reduced Fares ID Pass Card.

"Mobility Disabled Persons" is defined as those individuals who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

The applicant is requesting that you provide documentation that supports their specific disability. Please note that while your recommendation will be taken into consideration during our certification process, it will not be the sole determinate in DDOT's decision to certify the applicant.

TWO-STEP INSTRUCTIONS: (Must Complete Both Steps For Certification Consideration)

STEP 1: Applicant's Certification- Identify and list the applicant's specific disability in the area provided below, and then complete, sign and date this form.

STEP 2: Prepare on your letterhead- the applicant's diagnosis, along with the extent of their disability. Please provide as much detail as you feel necessary to clearly communicate the applicant's disability. Sign and date the application, providing your professional title and valid State of Michigan's professional license number beneath your signature.

APPLICANT'S CERTIFICATION

Please assist in properly assessing the applicant's eligibility under the eligibility guidelines listed on Page 2, before detailing in your Letter of Diagnosis, how the specified disability results in a physical impairment of coordination, strength or endurance.

I certify that _____ meets the eligibility requirements defined under
(Name of Applicant)

the Mobility Disabled Eligibility Guideline. The applicant's specific disability is _____, which prevents him/her from performing one or more of the listed functions without major difficulty (See attached Letter of Diagnosis). It is my opinion that this disability is: **(Check One)**

☐ **Temporary** (Expected to last _____ months) ☐ **Semi-Permanent** (Expected to improve) ☐ **Permanent** (Not likely to improve)

PROFESSIONAL'S INFORMATION

PLEASE PRINT LEGIBLY

Professional's Name:

First

Last

Title

Agency / Office Name:

Address:

Street

City

State

Zip

**Completed
License #:**

Telephone: ()

Fax: ()

Professional's Certification:

I understand that if any of the statements made on this application, or in the attached document, is false or inaccurate, DDOT shall preclude me from certifying future applicants. I further understand that if involved in such activities, I will be subject to criminal prosecution in accordance with applicable laws of the State of Michigan.

Professional's Signature:

Date:

****DDOT'S COPY****